

AC 4425

Oxfordshire County Council

---

# ANNUAL REPORT

ON THE

# County Health Services

---

## PART I

Report of the  
School Medical Officer

BY

H. C. JENNINGS

B.A., B.Sc. (Oxon), M.B., B.S. (Lond.), D.P.H.

---

1935

---



Oxfordshire County Council

---

# ANNUAL REPORT

ON THE

# County Health Services

---

## **PART I**

Report of the  
School Medical Officer

BY


H. C. JENNINGS

B.A., B.Sc. (Oxon), M.B., B.S. (Lond.), D.P.H.

---

1935

---



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b29943218>

# Staff of School Medical Service, 1935.

## School Medical Officer :

H. C. JENNINGS, B.A., B.Sc., M.B., B.S., D.P.H.

## Assistant School Medical Officers (Part Time) :

A. BIRCH, M.B., M.R.C.S.

H. P. CROLY, M.R.C.S., L.R.C.P.

F. A. BEVAN, M.B., B.S.

C. T. CHEATLE, M.R.C.S., L.R.C.P.

W. DALGLIESH, M.B., CH.B.

H. S. R. FREEBORN, M.B., C.M.

J. HOLMES, M.R.C.S., L.R.C.P.

G. H. JONES, M.R.C.S., L.R.C.P.

L. LESLIE, M.D., CH.B.

J. MORRIS, M.R.C.S., L.R.C.P.

J. E. B. MORTON, B.A., M.R.C.S., L.R.C.P.

R. HITCHINGS, M.R.C.S., L.R.C.P.

N. C. PENROSE, O.B.E., M.B., CH.B.

J. C. RUSSELL, M.C., M.B., CH.B.

A. L. B. STEVENS, B.A., M.B., B.CH. (Resigned)

W. J. SUSMAN, M.A., M.B., B.C.

R. W. TAYLOR, L.M.S.S.A. (Died 6.2.36)

## School Dental Officers :

C. ANNAND SMITH, L.D.S., R.C.S.

W. J. COOK, L.D.S., R.C.S.

## Ophthalmic Surgeons (Part Time) :

W. R. TERRY, M.B., CH.B.

E. L. H. JONES, M.R.C.S., L.R.C.P.

## Superintendent of School Nurses ;

Mrs. F. E. PEARSE, M.B.E.

## School Nurses :

Miss AITKEN

Mrs. ROWAN

Miss BEZZANT

Mrs. SANDILANDS

Miss KERSLEY

Miss STONE

Miss McNAIR

Miss TROBRIDGE

Miss PARRY (Resigned 30.9.35)

Miss WAUGH

Miss WELHAM

Miss N. LAPHAM. Appointed 1.10.35

Miss RICHARDSON. Appointed 1.4.35

## Dental Attendants :

Miss NEWMAN

Miss HADLEY



## Statistics bearing on Medical Inspection.

Area of County ... 470,808 acres.

Population of Administrative County (1931 census)	129,082
(Estimated) 1934	131,300
For Elementary Education	116,430

Number of School Departments :

Provided	...	...	...	...	41
Non-Provided	...	...	...	...	166
					<hr/> 207

Number of Children on Books (31st December, 1935) approx.,  
14,286.

Average Attendance, year ending 31st December, 1935,  
13,530.

No. of School Attendance Officers on 31/12/1935 ... 3

Cost of School Medical Inspection and treatment for  
year ended March 31st, 1935 :

				£	s.	d.
Gross Payments	...	...	...	7054	14	2
Receipts	...	...	...	275	19	11
				<hr/>		
Net Expenditure	...	...	...	6778	14	3

Grant from Board of Education for year ending 31st December,  
1935 ... £3389  
(i.e., half net Expenditure approved by Board of Education).

General Education Rate, 1935—36 (Elementary) 3s. 3d.

Product of 1d. Rate for Education Purposes—	
Elementary	£2052
Higher	£2374

Cost of medical inspection and treatment equivalent  
to rate of ... 1.7d.

## REPORT FOR 1935.

---

### I.—Staff—

Medical and  
Nursing

The County Medical Officer of Health is administrative School Medical Officer and is assisted by 17 part-time officers who are also Medical Practitioners in the County.

There are 12 Health Visitors who are whole-time officers of the County Council and they devote part of their time to duties in connection with the School Medical Service.

I should like to express my appreciation of the valuable work which the Health Visitors do, in fact one could go as far as to say that the success of the Service is largely dependent upon their efforts.

### II.—Co-ordination—

The School Medical Officer who as stated above is also County Medical Officer of Health is also Medical Adviser to the Public Assistance Committee and thus a large measure of co-ordination between all branches of the Council's medical services is obtained.

Unfortunately the School Medical Inspectors are not in all cases Medical Officers to the Infant Welfare Centres in their areas so that a definite break in continuity of supervision between the child under 5 years of age and the school entrant exists. In order to some extent to overcome this arrangements exist whereby all infant welfare record cards and records of children not attending Infant Welfare Centres are available for the use of School Medical Inspectors when entrants are being examined.

Care  
Committees

In my Reports for 1933 and 1934 I drew attention to the fact that whilst there were nominally 128 School Care Committees in the County only comparatively few really functioned. I have no reason to alter this opinion, but I should like to see more of them assisting us in connection with dental treatment.

### III.—School Hygiene—

Sanitary  
Conveniences

There are still some schools in the county where the antiquated and unhygienic privy vault is found, and there can be no question that these vaults should be abolished without

delay. Not only are they a possible source of pollution of adjacent wells but are breeding places for flies and very malodorous. The water carriage system of excrement disposal is of course the most satisfactory but is quite out of the question in most schools. Sanitary pans which are emptied twice weekly should replace vaults.

#### Water Supply

There are still schools which have no supply on the premises and under such conditions it becomes almost a farce to attempt to teach cleanliness to the children. One appreciates that in some schools the difficulty of obtaining a supply on the premises is great, but that is all the more reason why every effort should be made to store rain water. I hope that the managers of schools so situated will consider this suggestion.

#### Teaching of Hygiene

It is a pleasure to record that many teachers appreciate the value of the teaching of the principles of hygiene, and make such teaching permeate the whole of school life. Hygiene is not a subject which should be dealt with during certain periods in the week.

All Head Teachers have been provided with a copy of the revised edition of the *Handbook of Suggestions for Health Education*, published by the Board of Education, and it is to be hoped that the fullest use of this book will be made.

#### Structural defects etc.

Arrangements exist for the School Medical Inspectors to report annually on the general condition of their schools and any defects found are brought to the notice of the appropriate authority for necessary action.

The following is a list of repairs, etc., carried out to school buildings during the year 1935 :—

Barford St. John and St. Michael—New offices.

Barton Steeple—Electric light installed.

Brize Norton—Installation of central heating, electric light and main water supply.

Chipping Norton C. Boys'—New offices erected.

Hethe C.E.—Improvements to offices.

Henley Endowed—Improvements to offices.

South Stoke and Woodcote—Playing field purchased.

Wheatley C.E. Junior—Main water supply installed.



#### IV.—Medical Inspection—

Arrangements are made for all routine groups of children to be examined during the calendar year.

During the year the following routine groups have been examined :

- (a) All children within 12 months of their entry into school ;
- (b) All children within 12 months of attaining their eighth birthday ;
- (c) All children within 12 months of attaining their twelfth birthday.

In addition special cases, submitted by parents or teachers, were examined irrespective of age, together with all children found to be suffering from defects at the previous inspection or who were absent from such inspection.

Dull and backward children and those suspected of mental defect are submitted to a special examination, viz., a modification of the Binet Simon test. All Medical Inspectors have been supplied with a booklet descriptive of the tests and methods of marking in order that there shall be uniformity in this matter throughout the County.

Number of  
visits

The Medical Inspectors visit each school at least twice every year and oftener as may be required for special examinations or in connection with outbreaks of infectious disease.

Re-examina-  
tions, etc.

The figures for specials and re-examinations are shown in Table I on page 27.

#### V.—Findings of Medical Inspection—

Table II on page 28 gives the complete return of defects found during routine inspections in 1935.

Uncleanliness

The number of children found to be unclean in head or body or both was 715, which shows little difference as compared with the figures for the previous year.

The School Nurses made 58,060 examinations in the schools during routine pediculosis examinations and the average number of visits to each school in connection with this work was 14.

Nutrition

It is not generally realized that the children of the well-to-do, in which families plenty of food is available, can suffer from malnutrition, as well as the children of the poor. Lack of food is by no means the only cause of malnutrition

and other factors which can be described as environmental, psychological, hereditary, dietetic and infective can contribute towards this condition.

The problem of malnutrition is not so simple as some people would have us believe.

It is well known that so far as food is concerned children have idiosyncrasies, and a not uncommon one is associated with the intake of milk.

It is therefore essential to ascertain the cause of the malnutrition and not look upon the granting of a pint of milk a day as the solution of the problem.

An examination of Table II*b* on page 29 shows that of the 4490 routine inspections made during the year, 88.6 per cent of the children so examined showed normal or excellent nutrition.

Some 10.8 per cent were in the opinion of the medical inspectors not quite up to normal nutrition and only .44 per cent were definitely malnourished.

Towards the end of the year head teachers, school nurses and school attendance officers were asked to submit the names of children who in their opinion were in need of extra nourishment either in the form of milk or school dinners. This enquiry produced 1033 names and it was thought advisable to obtain the opinion of the medical inspectors. As a result of these special examinations 568 were reported to be in need of extra nourishment in order that they could receive proper benefit from the instruction provided in the schools.

There are seventeen medical inspectors and it is not unreasonable to suggest that the standards adopted for estimating the degree of malnutrition, if any, were not the same throughout the County. There is of course a small percentage of children so obviously malnourished that there would be no differences of opinion. It is however in the slighter cases that the personal element so largely enters, with the result that the comparison between different areas in this matter is practically valueless.

The County Council has decided that wherever possible milk supplied under the scheme shall be either Grade A, T.T. or Pasteurised and failing this shall be milk of Grade A standard produced from herds from which two bulk samples taken at six-monthly intervals have proved negative to the biological test for tuberculosis.

The following shows the departments and numbers of children receiving milk :—

Departments		No. of children
Grade A, TT. ...	15	93
Pasteurised ...	34	1341
Grade A or accredited	14	488
Grade A standard (as defined above)	26	2788
Totals ... ..	89	4710

The average attendance in the schools in the county is 14,633, so that 32 per cent of the children are participating therein.

It should however be noted that some 367 other children receive daily hot malted milk or cocoa made with milk.

Tonsils and  
Adenoids

Enlargement of the tonsils only was found in 471 cases and of these 306 required treatment.

Three hundred and six children were found to be suffering from adenoid growths together with enlargement of tonsils.

Tuberculosis

No children were found to be suffering from pulmonary tuberculosis. Three cases previously notified received sanatorium treatment.

Forty-five children who were contacts or who were suspected of being tuberculous were sent to Hermitage Cottage Homes. The number of children referred for examination to the Tuberculosis Officer was 176.

Two children were found to be suffering from non-pulmonary tuberculosis, classified as follows : bones and joints 1 ; glands 1.

External Eye  
Disease

At the routine and special examinations 142 children were found to be suffering from visual defects other than squint, and of these 135 were recommended for treatment, the remainder being kept under observation ; 16 children were found to be suffering from squint and all were recommended for treatment.

Errors of Re-  
fraction

These figures by no means represent the total amount of defective vision found in school children during the year, as many cases of minor refraction are found by the School



Nurses during their periodical visits to schools. The number of cases found by the Nurses was 627.

Defective hearing and Ear Disease

Defective hearing was found to be present in 3 children and discharge from the ears in a further 6. In all cases where the defects required treatment such were recommended to the parents of the children concerned.

It is essential that all cases of discharge from the ears should be treated at once and thoroughly if greater or less deafness is to be prevented.

Defective Speech

Ten children were found on routine examination to be defective in speech.

Crippling Defects

See page 18.

Dental Defects

See page 14.

VI.—Infectious Disease—

School Closure

During the year the following schools were closed for infectious diseases :—

<i>School.</i>	<i>Disease.</i>	<i>Period.</i>
Kidlington Junior	Whooping Cough	2 weeks
Kingham	"	2 "
Stoke Talmadge	Influenza	5 days
Broadwell	"	1 week
Clanfield	"	2 weeks
Chesterton (three occasions)	Scarlet Fever	3 "
Ewelme	"	1 "
Finmere	"	1 "
Great Rollright	"	1 "
Barford St. Michael		
Nuneham Courtenay	Chicken Pox	2 "
Bladon	"	2 "
Little Faringdon	"	1 "
Barford St. Michael	Diphtheria	2 "
Broadwell	"	2 "
Drayton (Banbury)	Mumps	2 "

In connection with this matter it is important to understand that as a general rule school closure, in so far as prevention of spread of infection is concerned, has no advantage over the method recommended by the Board of Education, viz. the exclusion of individual children. So far as this department is concerned school closure is only recommended when such procedure is likely to prove more effective than the exclusion of individual children, or in the general interest of the health of the children.

The grouping of children over 11 years of age in schools centrally situated is to prove a problem so far as control of infectious disease is concerned. Contacts of cases in school are likely to be distributed over a comparatively wide area



when returning home so that no hard and fast rule for dealing with these schools can be laid down.

When the attendance in a school in any week falls below 60% of the number of children on the register and the Committee is satisfied on a certificate from the School Medical Officer that such fall in attendance may be attributed to the prevalence of epidemic illness, the meetings and attendances for the week may in calculating the average attendance, be omitted as not being recognized under the Board of Education regulations.

During 1935 certificates were given by the School Medical Officer in respect of 89 schools.

Minor  
Ailments

Under this heading are included ringworm, impetigo, scabies, blepharitis and conjunctivitis. Many of these conditions are found in children whose parents cannot afford the requisite medical attention and are consequently treated by the School Nurses and also at the Minor Ailment Clinics at Witney, Charlbury, Chipping Norton and Kidlington.

## VII.—Following Up—

Scheme

The scheme for the treatment of defects discovered at routine inspections or otherwise, e.g., periodical inspections by School Nurses, embraces defective vision and squint, defects of nose and throat, carious teeth, X-ray treatment for ringworm, crippling defects and minor ailments. The Education Committee accepts liability for the cost of treatment only when such treatment is given under the scheme. A very large proportion of the more serious defects are discovered at routine medical inspections. The parents of children examined are encouraged to be present at the examination and where defects are found to exist they are explained by the doctor to the parents. In the case of those children whose parents are not present at medical inspections, notice is sent to the parents on a prescribed form that the child is in need of treatment for certain defects. In addition a list of such children is made out by the doctor and forwarded to the central office, where a card is made out in respect of each defect. This card is given to the School Nurse for the purposes of following-up. In all cases the parent or guardian is acquainted with any defects discovered in their children and advice is given that the usual medical attendant of the family should be consulted.

Private treatment failing, it becomes the duty of the School Nurse to persuade the parent to take advantage of the facilities for treatment offered by the Committee.

The common excuse for failing to obtain treatment on the ground of inability to pay the cost has been almost completely removed by the light charges made where the parents can obviously afford to pay something, and the relief from all financial responsibility when parents' income falls below the approved scale.

Income  
Scale

The Committee's Medical Treatment Scheme provides for Dental Treatment at a flat rate charge of 1/- per case, which may be reduced or remitted if the circumstances justify it. The Dentist in consultation with the Head Teacher will decide what amount is payable. For other kinds of treatment under the Scheme, provision is made for *free treatment* where the total weekly income from all sources of parents or guardians of school children, after deducting rent, is not more than 25/-. Parents or guardians whose total weekly income after deducting rent is above 25/- will be expected to pay all claims up to 1/-, and where the cost of treatment exceeds 1/- the amount payable above 1/- will be in proportion to the amount by which the total weekly income, after deducting rent, exceeds the following scale figures :

No. of dependent children.	Total weekly income from all sources after deducting rent.
1	30/- a week or less.
2	35/-     „     „
3	40/-     „     „
4	45/-     „     „
5	50/-     „     „
6	55/-     „     „
7	60/-     „     „
8	65/-     „     „

Where the number of dependent children in family is more than eight, 5/- should be added for each additional dependent child.

No deduction will be made on account of one of the parents being dead. When there are two or more children in the family requiring treatment at the same time, the applications for treatment will be taken together in assessing the parents' contribution.

These particulars are obtained from parents by the use of a special form whereon consent for treatment is given.

Visits

The School Nurses paid 8305 visits to children found to be suffering from defects at School Medical Inspections.

The average number of visits per school in connection with this service was 13.

### VIII.—Medical Treatment—

Clinics, etc.

School Clinics are held at Witney, Charlbury, Chipping Norton and Kidlington, and the following Table shows the cases treated by the Nurses at Clinics and Schools in the area. These figures also include a few cases treated at home.

Ailment.					No. of attendances.
Impetigo	...	...	...	...	304
Ringworm	...	...	...	...	20
Septic sores	...	...	...	...	1030
Minor injuries, etc.	...	...	...	...	405

Vision

Refraction Clinics are held in different parts of the County as occasion requires and during the year 82 such clinics were held.

The total number of children submitted to refraction was 772, all of which excepting 3 were dealt with through the Committee's scheme. Spectacles were also provided through the scheme to 506 children.

Tuberculosis

The number of school children seen at the County Tuberculosis Dispensaries during the year was 178, and 14 children received in-patient treatment of which 3 were pulmonary cases and 11 non-pulmonary.

A certain number (45) of so-called "pre-tubercular" children were sent to the Hermitage Homes, Berkshire, through the agency of the Oxfordshire Association for the Prevention of Tuberculosis. This work is valuable as it enables children whose condition is suspicious, or who are liable to be exposed to infection, to live what is equivalent to a sanatorium regime, although not definitely notified cases.

Tonsils and Adenoids

Children to the number of 153 received operative treatment for enlarged tonsils and/or adenoids under the Committee's scheme and 9 received treatment privately.

The following Hospitals, which have Contributory Schemes, have agreed to accept school children for treatment :—

Radcliffe Infirmary, Oxford.

Chipping Norton and District War Memorial Hospital.

Henley-on-Thames & District War Memorial Hospital.

Horton Infirmary, Banbury.

Royal Berkshire Hospital, Reading.

Wallingford and District Hospital.

Under these arrangements *bona fide* contributors to any of the Hospitals mentioned have an opportunity of accepting



Hospital treatment under the Committee's Scheme without further contribution for any of their children who are attending Public Elementary Schools.

All cases accepting treatment under the Committee's Scheme must, however, be accepted for treatment by the Committee's School Medical Officers in the usual way, and the parents must complete Form S.M.S.1.

Contributors are expected to receive treatment for tonsils and adenoids at the Hospital to which they contribute, unless they are prepared to bear the cost. This, however, does not apply to Radcliffe contributors, who may receive treatment at any of the Hospitals in the approved list.

Boarded-out children

Boarded-out children who receive treatment under the Committee's Scheme must be paid for by the Poor Law Authority or Charitable Institution responsible, and the full cost of the treatment must be claimed in each case.

Dental defects

The work of the Dental Surgeons has proceeded satisfactorily during the year but unfortunately many schools have not been inspected or treated. The question of additional staff is receiving the attention of the Committee and it is hoped that arrangements will be made early in 1936 so that all schools in the area can be visited by the Dental Surgeons annually.

The appended table shows the ten schools with the highest percentage of acceptances and also the ten schools with the lowest.

				No. treated.	% Accept- ances.
Stoke Talmadge	...	...	...	34	100
Benson	...	...	...	55	95
Nuneham Courtenay	...	...	...	16	94
Swinbrook	...	...	...	21	81
Eynsham Senior	...	...	...	47	81
Crowmarsh	...	...	...	23	80
Pishill	...	...	...	12	80
Witney Methodist Infants				44	79
Deddington	...	...	...	71	79
Burford	...	...	...	140	78
Witney C. of E. Junior				42	20
Wheatley Infants	...	...	...	10	19
Ambrosden	...	...	...	8	18
Shilton	...	...	...	3	17
Sandford-on-Thames	...	...	...	8	15
Sydenham	...	...	...	2	14
Broadwell	...	...	...	2	14
Handborough Senior	...	...	...	10	12
Waterperry	...	...	...	2	12
Northmoor	...	...	...	1	4



There are two important factors which materially influence the acceptances for treatment and these are (a) regular (annual) inspection and treatment and (b) the influence of teachers in their respective schools. In this latter connection, whilst in no way disparaging the efforts of teachers, one wonders whether better results could not be obtained.

Dental Exhibit

By arrangement with the Dental Board the special exhibit was shown and lectures given in the following centres:—

Steeple Aston, Kidlington, Bicester, Woodstock, Eynsham, Hanborough, Dorchester, Watlington, Chinnor, Goring Heath.

1439 children attended from 12 schools.

I was present at several of the lectures and was impressed by the interest shown by the children and also by the sympathetic and very efficient method of approach to the subject shown by the lecturer.

The following excerpts from reports of Head Teachers in this connection are of interest:—

“ I wish to state the lectures were happily given, quite within the children’s grasp and the apparatus most effective and interesting.”

“ Such an experiment could be very profitably repeated at a future date.”

“ I think the children will remember the two slogans ‘ Good teeth—Good health.’ and ‘ Take care of your teeth and your teeth will take care of you.’ ”

“ To maintain interest in the subject, I am ordering several of the Board’s diagrams for use in school.”

“ I feel sure that if such an exhibit could be arranged say every two years, the number of non-acceptances at routine dental inspections would be greatly diminished.”

A detailed analysis of the work done by the Dental Surgeons during the year is given in Table V on page 33.

Dental  
Reports

Mr. Smith reports as follows:—

“ I have pleasure in reporting on another year of dentistry in my area—the first full year from the statistical point of view, as 1934 was for the first quarter taken up with more or less haphazard treatment all over the county. It is therefore difficult to come to any direct conclusions or comparisons.

The area under my charge has been completely covered and by March 1936 each school will have received two inspections and treatments, commencing in April 1934. Broadly speaking what I expected has turned out to be fact. A definite increase in the number of sound mouths; a decreased number of days at each school treated a year

ago, and some weeks in hand. This spare time has been utilized in taking in extra schools for treatment.

Naturally there must be a limit to the number of schools one has in charge, but what has been taken in can be inspected and treated annually, provided one has no large all round increase in acceptances and provided no Secondary School work is added beyond special cases. The number of schools treated is 63.

The maximum number of children any one man can carefully inspect should not exceed 4,000, and with a percentage acceptance of 45, there is not much time to spare for propaganda work, or any other branch of the School Dental Service.

Fillings are refused very seldom—not more than 1 per cent.

The extraction of permanent teeth is much less, the number 331 given under this head includes 100 sound teeth extracted for regulation.

The number of teeth saved by permanent fillings has increased.

The parents and children alike are friendly to my visits and there is no doubt that the personal contact annually is the secret of success.

Acceptances are 7 per cent down in figures, but this number is counterbalanced by the increased number of sound mouths—623 compared with approximately 300 last year. These cases, had they required treatment, would probably have accepted. Some schools have given a large increased acceptance.

Compared with other Counties, we in Oxfordshire have not a complete dental service. The practice of Orthodontics is now a recognized part of everyday treatment. Infant Welfare and pre-natal care of mothers, Public Assistance and co-operation with the Tuberculosis Officer in his need for help are branches of our work which are as yet unexplored. The work of the last named is hampered for want of help.

The visit of the Dental Board Exhibit is reported on page 15. Since the visit of this exhibit there has been no marked increase in the acceptances. I extend thanks to the Board for all they do to help. Increased acceptances may come in time, and meantime, exhibits such as these are good in that they help to advertise dentistry in the right way. I consider that the exhibit should be invited again and some arrangement made to have parents present.

Tooth brushes and dentifrice have been sold to the value of £13.

Another branch of advertising is the projection of films. The Dental Board provide films if a projector is available.

Proof of how much dentistry is required in Oxfordshire is not far to seek. Reports from Head Teachers of schools where no dentistry has been given for three years or more come frequently and the Radcliffe Infirmary Dental Department is besieged with children who should never need such emergency treatment. I append figures of groups of children from two schools, A. Treated regularly ; B. with no treatment for three or more years.

Ages 10—14 inclusive.

	Number Inspected	TEMPORARY TEETH Saveable	TEETH Un-Saveable	PERMANENT TEETH Saveable	TEETH Un-Saveable	Sound Mouths
A.	58	—	4	56	3	58
B.	58	—	8	241	53	1

I look forward with hope that we may yet possess and maintain a Dental Service complete in all its aspects.

May I say how much I should welcome visits to my clinics from members of the Education Committee in order that they may see the work which the School Medical Service is doing.

In conclusion I would thank all those who have helped the running of the present scheme.”

---

Mr. Cook reports as follows :—

“ During the year 80 schools were inspected and treated in the northern area, 60 of which were re-examined and treated under the new scheme of giving an annual visit.

The head teachers have been very helpful in persuading the children to come forward by giving talks when treatment is being carried out at the schools.

The dental condition of the school entrants is very bad and it sometimes takes two to four visits to the clinics before their mouths can be put into a healthy condition.

Treatment by extraction for irregular dentitions was continued and 82 teeth were removed for that purpose.

At present nothing has been done to tackle the problem of refusals except by an occasional talk and I feel sure that a large number of parents would consent if they were able to understand that dentistry was not just for relieving toothache but a means for promoting a healthy mouth and body.



It is very gratifying to find some schools with most of the school leavers coming forward. Unfortunately there are a few schools where not one child leaving school this year accepted treatment.

I am indebted to the Health Visitors for their co-operation in doing their best to forward the interests of the School Dental Service.

Out of a total of 5,326 inspected, 83 per cent required treatment, 1,961 accepted, a percentage of 44 per cent."

#### Crippling Defects

The Wingfield-Morris Orthopaedic Hospital is the hub of a comprehensive scheme covering the whole of Oxfordshire and parts of Berkshire and Buckinghamshire. Out-patient clinics are held in Oxfordshire as follows :—

Henley—War Memorial Hospital, fortnightly on Tuesday at 2 p.m.

Banbury—The Hut, Horton Infirmary, every Thursday at 1 p.m.

Witney—Riverside, Witney, alternate Thursdays at 2 p.m.

Oxford—Radcliffe Infirmary, every Monday and Wednesday at 11 a.m.

Wallingford—District Hospital, alternate Thursdays at 2.30 p.m.

Chipping Norton—War Memorial Hospital, 2nd and 4th Tuesdays at 1.30 p.m.

One cannot speak too highly of the valuable work done by the staff of this Hospital and the Committee is indeed fortunate in being able to avail itself of these facilities for the treatment of crippling defects in public elementary school children.

During 1935, 453 attendances at clinics were made for purposes of diagnosis, treatment and after-care generally.

Nineteen children were admitted for treatment at the Wingfield-Morris Hospital and the following Table shows the conditions for which treatment was necessary :—



Rickets	...	...	...	...	1
Old Infantile Paralysis	...	...	...	...	3
Claw Feet	...	...	...	...	2
Torticollis	...	...	...	...	1
Hallux Valgus	...	...	...	...	1
Arthritis	...	...	...	...	1
Dislocation of Hip	...	...	...	...	2
Osteomyelitis	...	...	...	...	1
Talipes	...	...	...	...	1
Club Feet	...	...	...	...	1
Exostosis Os calcis	...	...	...	...	1
Scoliosis	...	...	...	...	1
Tendon transplant	...	...	...	...	1
Hammer toe	...	...	...	...	1
Deformity	...	...	...	...	1

---

19

---

### IX.—Open-air Education—

There are no open-air schools in the County, but during the summer months classes are held in the open air in many schools.

### X.—Physical Training—

See report on page 22.

Mid-day meals

### XI.—Provision of Meals—

Sections 82-85 of the Education Act 1921 are not administered, but in many schools in the County provision is made for supplying at a small cost a hot drink, viz., cocoa, milk, or malted milk, during school sessions.

At the following schools a hot meal consisting of soup or meat, vegetables, and pudding, is provided at mid-day :—Bampton, Chinnor, Charlbury, Steeple Aston, Fritwell, Kidlington, Rotherfield Central, Sonning Common, Witney, Burford, Great Haseley.

The cost varies from 2d. to 3d. a day and in some cases it is a 1/- a week.

### XII.—School Baths—

See Report on page 23.

Parents

**XIII.—Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies—**

The importance of the presence of parents at inspections cannot be stressed too much and I should like to see many more parents present. They will always be assured of a welcome and will have the satisfaction of receiving at first hand advice in connection with their children's health.

Teachers

The success of school medical work is to a large extent dependent upon the assistance given by teachers and I should like to place on record my thanks to the teachers in the County for their sympathetic co-operation.

School Attendance Officers

These officers also help the department by bringing to notice exceptional children who are not attending school.

Voluntary Bodies

A certain number of the After-Care Committees still do useful work in obtaining treatment for children whose parents are somewhat slow in responding to advice given at routine inspections.

Close co-operation exists between the officers of the department and those of the N.S.P.C.C. and the latter have done much valuable work in obtaining treatment for children and also in other ways.

Cases referred to the N.S.P.C.C.

Forty-eight cases were reported by letter to N.S.P.C.C. during the year, all for neglect. They may be classified under the following headings :—

Uncleanliness	...	...	...	18
Vision cases	...	...	...	4
Defective clothing	...	...	...	2
Other cases, food, etc.	...	...	...	24

In addition to the above many cases have been dealt with by the Society's Inspector as a result of verbal communication.

The work of the Society is undoubtedly of value in connection with the School Medical Service.

**XIV.—Blind, Deaf, Defective, and Epileptic Children—**

The ascertainment of children coming within the above-mentioned categories is done by Medical Officers, School Nurses, Teachers and School Attendance Officers.

Blind Children

There are 4 totally blind children 3 of whom are at Special Schools. 7 partially blind children are known, 3 of whom are in attendance at a Special School.

## Deaf Children

Of a total of 5 deaf children, 4 are in Special Schools, and one attends a Public Elementary School. There are 7 partially deaf children 6 of whom are in attendance at Public Elementary Schools, and one at a Special School.

## Mentally Defective Children

At the end of the year there were 63 mentally defective children in attendance at Public Elementary Schools within the County.

There is little need to stress the inadvisability of the attendance of such children at elementary schools, for they are not only a brake on the wheel of school life but in many cases exert a bad influence on the school as a whole. The provision of a Special School (preferably residential) within the County would be of great value in this connection.

11 children were referred to the Mental Deficiency Acts Committee as being incapable, by reason of mental defect, from benefiting by education in Public Elementary Schools, or Special Schools for the Feeble-minded.

**XV.—Secondary Schools—**

## Medical Inspection

Medical Inspection is provided in all of the following schools and such inspection includes all entrants and those pupils attaining the age of 15 years. Inspections take place three times a year (termly) at the schools and there is no discrimination as between fee-paying, scholarship, or free-place scholars so far as these examinations are concerned.

Banbury County (boys and girls)	} provided by the Authority.
Chipping Norton County (boys and girls)	
Bicester County (boys and girls)	
Burford Grammar School (boys and girls)	
Henley Grammar School (boys and girls)	
Thame Grammar School (boys)	} aided by the Authority.
Witney Grammar School (boys and girls)	

## Findings of Medical Inspections

See Tables on page 34.

## Following up

There is no systematic following-up such as exists in elementary schools. The Head Masters and Mistresses of the various schools are however generally successful in ensuring that any treatment recommended by Medical Officers is obtained.

## Medical Treatment

The treatment provided is that for visual and dental defects in the case of children whose parents are too poor to provide treatment themselves. In addition the Committee's Scheme provides for the treatment of tonsils and adenoids, ringworm and orthopaedic treatment at clinics.



## REPORT ON PHYSICAL TRAINING.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I beg to present a report for the year 1935. The work has followed the same general lines as last year but with an increase of developments. It has included :—

1. Visits to schools for the supervision of the physical instruction, games and swimming.
2. Practical demonstrations and classes for Teachers on the Board of Education Syllabus.
3. The organization of film exhibitions on the Board of Education Syllabus.
4. Advisory visits to the Secondary Schools.
5. The organization of evening “ Keep Fit ” classes.

The following is a summary of visits made :—

Elementary	...	...	...	...	84
Secondary	...	...	...	...	5
Bathing Places		...	...	...	15
Evening Classes	...	...	...	...	11
Attendances at Sports Meetings, Playing Fields, Committees, etc.		...	...		6

### VISITS TO SCHOOLS.

*Senior Schools.* More attention needs to be given to Physical Training in many of these schools. There cannot be an all-round improvement in posture unless exercises are taken regularly. Head Teachers are urged to give more careful consideration to the arrangements for lessons and are asked to do their best to see that physical work is not entirely neglected when playground work is impossible.

A suitable room in which to carry out physical training during the winter months is one of the most urgent needs of a Senior school. The use of a hall when one is close at hand would enable lessons to be taken in bad weather.

*Junior Schools.* Physical Training is one of the main interests of the Junior School and it is indeed a pleasure to see classes assemble with eager faces alert and ready to show their work. It is noticeable that through the Physical Training the children are becoming more



agile and easy in movement and more skilful in organizing their own activities.

Many Head Teachers deserve congratulation for their good work.

*Infant Schools.* Generally speaking the children receive an adequate amount of physical activity but there are still a few teachers who do not attach sufficient importance to a daily morning and afternoon period for physical activities.

#### COURSES AND DEMONSTRATION LESSONS FOR TEACHERS.

These have been held during the year at Witney, Banbury, Burford and Bicester. Splendid response is shown by the teachers at these classes : those from rural areas are ready to overcome difficulties of distance, transit and expense, and some are prepared to walk 3 miles to a class rather than miss it.

#### SWIMMING.

Where there are safe facilities swimming has become a recognized school activity.

The total number of swimming certificates awarded this year is 457 as against 505 last year.

The appended schedule gives the results for each school.

The less good record is disappointing but is accounted for in some schools by the bad weather in September, and in others for the reason that owing to an increase in the number of schools taking swimming I have been unable to give schools as much help as in previous years. Most schools need to concentrate on the beginners.

The Junior schools of Littlemore and Henley have done exceedingly well and Bicester has made a start.

In places where water is available there is a great need for local authorities to consider the provision of shallow pools for children. These pools could be used for instruction during school hours. Goring still has no provision for children.

#### EXHIBITION OF FILM ON THE BOARD OF EDUCATION SYLLABUS.

Over 40 teachers, a number of parents and 473 children attended this show arranged at the Palace Cinema, Banbury, on the afternoon of 6th December, 1936. The schools represented were :—Shenington, Adderbury, Sandford, Barton Steeple, Bloxham, Hanwell, Horley, Deddington, Clifton, Tadmarton, Wroxton, North Newington, Bodicote and Hook Norton.

Schools made their own arrangements for transport and in view of the cost of this it was encouraging to find that even the smallest schools had made an effort to attend the show. Since visiting some of these schools I have found that seeing the film has very greatly stimulated the children's interest in their physical work and teachers have remarked that the film has been a very valuable help to them.

In co-operation with the Secretary of the County branch of The National Union of Teachers the films were also shown at the Annual General Meeting of the Association. About 150 teachers attended.

#### PHYSICAL RECREATION FOR ADOLESCENTS.

The two "Keep Fit" classes for business girls which were started at Witney in the Autumn of 1934 proved a great success, one class continued throughout the summer, Mr. Harold Early kindly lending his garden for the meetings.

These classes (now in charge of a local committee) re-opened this year with an average weekly attendance of 50. The members pay a fee of 3d. or 4d. per class according to age.

Arrangements for two similar classes have been made at Banbury; the average weekly attendance is 100.

The "Keep Fit" movement is growing and there is undoubtedly a need to provide physical recreation for boys and girls over school age. Requests for classes from other towns and from villages have been received. There has also been some demand for boys' classes and these are under consideration.

*Leaders' Course.* In co-operation with the Rural Community Council and Oxford City Authority a training course for Leaders of "Keep Fit" classes has been organized. In response to an appeal 30 women with enthusiasm for work of this kind have joined the Course and it is hoped to be able to appoint some of these as Leaders for extra classes next year.

#### EQUIPMENT.

The increase in the grant for apparatus has made it possible to provide a few schools with suitable mats or boards for exercises to be taken in the recumbent position, and also a few with agility mats. It is hoped to equip more schools next year.

#### PLAYGROUNDS.

In all schools the playground is the only suitable place for physical exercise lessons. The existence in some schools of small or rough surface and muddy grounds is a very real obstacle to regular work and a danger to general activity.

## SHOES.

The importance of wearing suitable shoes for Physical Training cannot be over-emphasised, but the provision of such shoes in rural areas, either by the children themselves or by the Authority, presents a huge problem.

## SUMMARY.

To raise the standard of Physical Training in Elementary Schools briefly stated the requirements are :—

1. A class teacher with a special qualification to give instruction in Senior schools.
2. Indoor accommodation in bad weather.
3. Suitable footgear.
4. More frequent supervision of classes and more guidance for teachers.

I welcome very greatly the appointment of Mr. H. P. Crabtree with the impetus it gives to the boys' work. I much regret however that the Committee have reduced my time to two days weekly in place of three. Each year brings further developments in Physical Education and an increased demand from various sources for help and advice. I have done my best to meet these demands but in view of the comprehensiveness of the work and the all-round progress it is not possible with the shortened time to follow up the work and give the necessary supervision. Teachers are constantly asking for more guidance.

I trust that the Committee will see their way to restore the extra day in the near future.

I wish to record my thanks to all Teachers for their willing co-operation.

E. C. TERRY,

*Organizer of Physical Training.*

February, 1936.



# SWIMMING RESULTS, 1935.

School.	10 yds.	25 yds.	50 yds.	100 yds.	220 yds.	440 yds.	Object Dive	Plain Dive	Swimming under water	Life Saving	% Boys	% Girls	Total for 1935 1934											
	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.														
Bicester C.E. Senior	8	1	2	4	2	—	1	2	—	—	19	12	31											
Bicester C.E. Junior	2	1	1	3	1	—	—	—	—	—	7	12	19											
Bicester R.C.	—	2	1	—	—	—	—	—	—	—	1	2	3											
Burford Council	7	6	8	9	5	—	8	1	—	—	33	30	63											
Cropredy	—	1	—	—	—	—	—	—	—	—	2	2	4											
Henley C.E. Senior	11	10	14	12	3	8	11	9	11	4	10	2	74											
Henley Trinity Jun.	4	5	1	1	2	7	1	1	—	—	17	10	27											
Henley R.C.	3	—	—	3	2	1	—	3	1	—	7	7	14											
Long Combe Junior	1	1	—	—	—	—	—	—	—	—	1	4	5											
Crowmarsh Junior	1	3	—	1	—	—	—	—	—	—	3	4	7											
Mongewell	—	—	—	—	—	—	—	—	—	No tests taken	—	—	—											
Thame C.E.	1	—	11	7	4	5	2	—	—	—	23	13	36											
„ John Hamp. Jun.	—	—	1	3	—	—	—	—	—	—	1	3	4											
Whitchurch	—	—	—	—	—	—	—	—	—	No tests taken	—	—	—											
Witney Batt.	1	—	12	14	5	3	1	3	4	1	31	21	52											
Witney Methodist	1	—	2	—	10	3	2	1	—	—	29	8	37											
South Stoke	1	2	—	1	—	—	—	—	—	—	2	4	6											
Eye and Dunsden	—	—	—	3	—	—	—	—	—	—	2	3	5											
Littlemore	7	4	3	4	1	—	—	—	—	—	11	12	23											
Kidlington	—	—	—	—	—	—	—	—	—	No tests taken	—	—	—											
	48	36	56	63	38	41	33	36	21	12	23	6	28	3	2	1	17	1	—	—	263	195	458	505

TABLE I.

Return of Medical Inspections for the year ended  
31st December, 1935.

## A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	...	...	...	1556
Second Age Group	...	...	...	...	...	...	1511
Third Age Group	...	...	...	...	...	...	1423
							—
Total	...	...	...	...	...	...	4490

## B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	912
Number of Re-Inspections	...	...	...	...	718
					—
Total	...	...	...	...	1630

TABLE II.

**A—Return of Defects found by Medical Inspection in the  
year ended 31st December, 1935.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.			SPECIALS.	
	Number requiring Treatment.	Number requiring to be kept under observation, but not requiring Treatment.	Number requiring Treatment.	Number requiring to be kept under observation, but not requiring Treatment	
(1)	(2)	(3)	(4)	(5)	
Skin—					
Ringworm : Scalp ... ..	4	1	1	—	
Body ... ..	—	—	—	—	
Scabies ... ..	1	—	—	—	
Impetigo ... ..	5	—	3	—	
Other diseases (Non-Tuberculous)	4	1	—	—	
Eye—					
Blepharitis ... ..	2	—	2	1	
Conjunctivitis ..... ..	—	—	—	—	
Keratitis ... ..	—	—	—	—	
Corneal Opacities ... ..	—	—	—	—	
Defective Vision (excluding Squint)	124	5	11	2	
Squint ... ..	13	—	3	—	
Other conditions... ..	2	1	1	—	
Ear—					
Defective Hearing ... ..	3	—	—	—	
Otitis Media ... ..	3	—	3	—	
Other Ear Diseases ... ..	3	—	—	—	
Nose and Throat—					
Chronic Tonsillitis only ... ..	24	9	3	—	
Adenoids only ... ..	14	3	—	—	
Chronic Tonsillitis and Adenoids	20	—	7	—	
Other conditions... ..	234	142	45	14	
Enlarged Cervical Glands (Non-Tuberculous) ... ..	12	8	2	2	
Defective Speech ... ..	7	—	2	1	
Heart and Circulation—					
Heart Disease :					
Organic ... ..	2	5	—	—	
Functional ... ..	1	3	2	—	
Anæmia ... ..	3	5	—	—	
Lungs—					
Bronchitis ... ..	6	3	1	—	
Other Non-Tuberculous Diseases	—	1	—	—	
Tuberculosis—					
Pulmonary :					
Definite ... ..	—	—	—	—	
Suspected ... ..	3	5	1	—	
Non-Pulmonary :					
Glands ... ..	1	1	—	—	
Bones and Joints ... ..	1	—	—	—	
Skin ... ..	—	—	—	—	
Other Forms ... ..	—	—	—	—	
Nervous System—					
Epilepsy ... ..	3	1	—	—	
Chorea ... ..	1	—	2	—	
Other conditions ... ..	4	—	2	—	
Deformities—					
Rickets ... ..	—	—	—	—	
Spinal Curvature ... ..	48	3	3	2	
Other Forms ... ..	35	4	19	—	
Other Defects and Diseases ... ..	47	30	19	2	
Total	630	231	132	24	



B—Classification of the Nutrition of Children Inspected during the Year  
in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1556	249	16	1129	72.5	169	10.8	9	.57
Second Age-group	1511	136	9	1183	78.2	183	12	9	.59
Third Age-group	1423	165	11.5	1122	78.8	134	9.4	2	.13
Other Routine Inspections	—	—		—		—		—	
TOTAL	4490	550	12.2	3434	76.4	486	10.8	20	.44

**C—Number of Individual Children found at Routine  
Medical Inspection to require Treatment  
(excluding Uncleanliness and Dental Diseases).**

GROUP.	NUMBER OF CHILDREN		
	Inspected.	Found to require Treatment.	Percentage of Children found to require Treatment.
(1)	(2)	(3)	(4)
Prescribed Groups—			
Entrants ... ..	1556	188	12.0
Second Age Group ... ..	1511	301	19.9
Third Age Group ... ..	1423	231	16.2
Total (Prescribed Groups) ... ..	4490	720	16.0

**TABLE III.**

**Return of all Exceptional Children in the Area on  
31st December, 1935.**

Children suffering from Multiple Defects—	Number.	Total.
Number of children suffering from any combination of the following defects:—Blindness (not Partial Blindness); Deafness (not Partial Deafness); Mental Defect; Epilepsy; Active Tuberculosis; Crippling; Heart Disease ... ..	4 —	4
Blind (including partially blind)—		
(i) Suitable for training in a School for the Totally Blind :		
At Certified Schools for the Blind ... ..	3	
At Public Elementary Schools ... ..	—	
At other Institutions ... ..	—	
At no School or Institution ... ..	1 —	4
(ii) Suitable for training in a School for the Partially Blind :		
At Certified Schools for the Blind or Partially Blind ...	3	
At Public Elementary Schools ... ..	3	
At other Institutions ... ..	—	
At no School or Institution ... ..	1 —	7
Deaf (including Deaf and Dumb and Partially Deaf)—		
(i) Suitable for training in a School for the Totally Deaf or Deaf and Dumb :		
At Certified Schools for the Deaf ... ..	4	
At Public Elementary Schools ... ..	1	
At other Institutions ... ..	—	
At no School or Institution ... ..	— —	5
(ii) Suitable for training in a School for the Partially Deaf :		
At Certified Schools for the Deaf or Partially Deaf ...	1	
At Public Elementary Schools ... ..	6	
At other Institutions ... ..	—	
At no School or Institution ... ..	— —	7
Mentally Defective—		
Feeble-minded :		
At Certified Schools for Mentally Defective Children ...	4	
At Public Elementary Schools ... ..	63	
At other Institutions ... ..	—	
At no School or Institution ... ..	6 —	73

## Epileptics—

Suffering from severe epilepsy :					Number.	Total.
At Certified Special Schools	...	...	...	...	1	
At Public Elementary Schools	...	...	...	...	5	
At other Institutions	...	...	...	...	—	
At no School or Institution	...	...	...	...	4	— 10

## Physically Defective Children—

## A. Tuberculous Children.

## I—Children suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands) :

At Certified Special Schools	...	...	...	1	
At Public Elementary Schools	...	...	...	7	
At other Institutions	...	...	...	1	
At no School or Institution	...	...	...	—	— 9

## II—Children suffering from Non-Pulmonary Tuberculosis :

At Certified Special Schools	...	...	...	1	
At Public Elementary Schools	...	...	...	49	
At other Institutions	...	...	...	10	
At no School or Institution	...	...	...	—	— 60

## B. Delicate Children.

At Certified Special Schools	...	...	...	—	
At Public Elementary Schools	...	...	...	9	
At other Institutions	...	...	...	6	
At no School or Institution	...	...	...	3	— 18

## C. Crippled Children.

At Certified Special Schools	...	...	...	9	
At Public Elementary Schools	...	...	...	29	
At other Institutions	...	...	...	—	
At no School or Institution	...	...	...	3	— 41

## D. Children with Heart Disease.

At Certified Special Schools	...	...	...	—	
At Public Elementary Schools	...	...	...	7	
At other Institutions	...	...	...	—	
At no School or Institution	...	...	...	1	— 8



TABLE IV.

Return of Defects treated during the year ended  
31st December, 1935.

## TREATMENT TABLE.

**GROUP I.—MINOR AILMENTS** (excluding Uncleanliness, for which  
see Group VI).

				NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT, DURING THE YEAR.		
DISEASE OR DEFECT.				Under the Authority's Scheme.	Otherwise.	Total.
(1)				(2)	(3)	(4)
SKIN—						
Ringworm—Scalp	...	...	...	—	—	—
Ringworm—Body	...	...	...	12	—	12
Scabies	...	...	...	—	—	—
Impetigo	...	...	...	57	—	57
Other skin disease	...	...	...	—	—	—
MINOR EYE DEFECTS—				8	—	8
(External and other, but excluding cases falling in Group II.)						
MINOR EAR DEFECTS	...	...	...	1	—	1
MISCELLANEOUS	...	...	...	36	—	36
Total				114	—	114

**GROUP II.—DEFECTIVE VISION AND SQUINT** (excluding Minor  
Eye Defects treated as Minor Ailments—Group I).

				NUMBER OF DEFECTS DEALT WITH.		
DEFECT OR DISEASE.				Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Total.
(1)				(2)	(3)	(4)
Errors of Refraction (including Squint)				769	3	772
Other Defect or Disease of the Eyes (excluding those recorded in Group I)				5	—	5
Total				774	3	777
Total number of children for whom spectacles were prescribed—						
(a) Under the Authority's Scheme				...	...	506
(b) Otherwise				...	...	—
Total number of children who obtained or received spectacles—						
(a) Under the Authority's Scheme				...	...	506
(b) Otherwise				...	...	—

**GROUP III.—Treatment of Defects of Nose and Throat.**

		Number of Defects.				
		Tonsils only	Adenoids only	Tonsils and Adenoids	Other defects of the nose and throat	
Received Operative Treatment—						
Under the Authority's Scheme						
in Clinic or Hospital ...	...	7	2	131	—	
By Private Practitioner or						
Hospital, apart from the						
Authority's Scheme ...	...	—	1	5	3	
		—	—	—	—	
		7	3	136	3	= 149
Received other forms of Treatment	...	...	...	...	...	4
						—
Total number treated						153

**GROUP IV.—Orthopaedic and Postural Defects.**

Number of children treated under the Authority's Scheme—					
Residential treatment with education ...	...	...	...	...	23
Residential treatment without education	...	...	...	...	2
Non-residential treatment at an orthopaedic clinic	...	...	...	...	37
Number of children otherwise treated—					
Residential treatment with education ...	...	...	...	...	nil
Residential treatment without education	...	...	...	...	nil
Non-residential treatment at an orthopaedic clinic	...	...	...	...	nil
					—
Total number treated					62

**GROUP V.—Dental Defects.**

(1) (a) Number of Children who were inspected by the Dentist :

Aged	5	6	7	8	9	10	11	12	13	14	Specials	Total
	1074	1048	1126	1138	1264	1175	966	882	938	203	10	9824

(b) Found to require treatment 8295.

(c) Actually treated 3631.

(2) Half-days devoted to Inspection 71, to Treatment 742 ; Total 813.

(3) Attendances made by children for treatment 4030.

(4) Fillings—Permanent teeth 5762, Temporary teeth 1604 ; Total 7366.

(5) Extractions—Permanent teeth 968, Temporary teeth 6355 ; Total 7323.

(6) Administrations of general anæsthetics for extractions 4.

(7) Other operations—Permanent teeth and Temporary teeth 3347.

**GROUP VI.—Uncleanliness and Verminous Conditions.**

Average number of visits per School made during the year by the School Nurses ... ..	14
Total number of examinations of children in the Schools by School Nurses ... ..	58,060
Number of children found unclean ... ..	715
Number of cases in which legal proceedings were taken under School Attendance Byelaws ... ..	5

---

**SECONDARY SCHOOLS.****Return of Medical Inspections.****ROUTINE MEDICAL INSPECTIONS.**

Entrants ... ..	284
14 years old group ... ..	227
Special cases ... ..	33
Re-examinations ... ..	211

---

**Return of Defects found by Routine Medical Inspection.**

Defective Vision ... ..	31
Teeth Carious ... ..	82
Deformity ... ..	22
Enlarged Tonsils ... ..	10
Enlarged Thyroid ... ..	2
Hernia ... ..	2
No. of Entrants found Defective ... ..	87
No. "14 years old" found Defective ... ..	75











